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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/692,671
		Filing Date	October 24, 2003
		First Named Inventor	Tibor Boros
		Art Unit	2688
		Examiner Name	Dai Phuong
Total Number of Pages in This Submission	14	Attorney Docket Number	15685P023DC

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	March 9, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	March 9, 2006
Signature	<i>Pat Sullivan</i>	Date	March 9, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 11/30/2005.
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MAR 09 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

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Art Unit	2688
Attorney Docket No.	15685P023DC

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
18	20	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim. If not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 65	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1480 130	2480 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Sheet
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(u))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(408) 947-8200
Signature	<i>Brent E. Vecchia</i>	Date	03/09/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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		Filing Date	October 24, 2003
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		Examiner Name	Dai Phuong
		Art Unit	2688
		Attorney Docket No.	13685P023DC
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT		(\$)	0.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011
Signature	<i>Brent E. Vecchia</i>	Telephone	(408) 947-8200
		Date	03/09/06

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Our Docket No: 015685.P023DC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Boros)	Examiner: Phuong, Dai
)	
Application No: 10/692,671)	Art Unit: 2688
)	
Filed: October 24, 2003)	
)	
For: Determining a Spatial Signature)	
<u>Using a Robust Calibration Signal</u>)	

AMENDMENTCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 9, 2005, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

March 9, 2006

Date of Transmission

Pat Sullivan

Name of Person Transmitting Correspondence


SignatureMarch 9, 2006
Date